

Mental Health Transformation Council

MINUTES October 26, 2009

NEXT MEETING: November 23, 2009 2:00 to 4:15

Attendance

Membership: Michael Hartman, Beth Tanzman, Ed Paquin, Nick Emlen (for Vermont Council), Linda Corey, Kitty Gallagher, Sally Parish, Jean New, David Gallagher, Dave Yacovone (for VAHHS), Terry Rowe, Ken Liberto

Guests and members of the public: Mike Shirling, Steve Morgan, Taryn Moran, Tom Simpatico, Anne Donahue,

Staff: Bill McMains, Trish Singer, Judy Rosenstreich

Participating in Today's Meeting

Disability Rights Vermont (new name for Vermont Protection and Advocacy)
Vermont Association of Hospitals and Health Systems
Another Way
Burlington Police Department
State Standing Committee for Adult Mental Health
Vermont Association for Mental Health
Vermont Psychiatric Survivors
Counterpoint
Vermont Council of Developmental and Mental Health Services
Vermont State Employees Association
University of Vermont Department of Psychiatry
Department of Mental Health
Vermont State Hospital
Advocates and Consumers

Commissioner Updates

Michael Hartman recapped the agreement between the legislature and administration for \$7.4 million in labor savings in the FY 2010 budget. After a series of meetings between the VSEA and the Administration an agreement was not reached by the mid-September deadline. This required that the State make reductions in force (RIF). As DMH central office and the community network of providers is largely supported by Medicaid reaching the general fund reduction target requires much larger cuts to achieve. As VSH is supported by state General Fund dollars reductions at VSH are dollar for dollar. However Commissioner Hartman has decided not to make reductions at VSH that impact on direct care services or VSH's ability to continue to meet standards for certification and

accreditation. This, combined with the blend of Medicaid funds for central office, severely limits options for achieving the required personnel savings.

To achieve the DMH target of \$192,000 in General Fund savings required a blending of staff reductions between VSH and the Central Office. The VSH budget is based on 42-45 patients yet the census began climbing in June and has not abated. In the last several months, the state hospital reached its maximum licensed capacity of 54 and shows no signs of easing. Michael advised the Transformation Council that there were no Central Office position vacancies and only clinical care vacancies at the hospital. He made the difficult decision to reduce three staff positions at the VSH canteen, resulting in closure, and reducing two Quality Management positions in Central Office.

Discussion focused on the canteen with Transformation Council members offering their perspectives on the value of the canteen to patients, their families, and employees. Regrets were expressed by many people who value the canteen as a place that patients can go to have a cup of coffee, socialize, and simply get away from the surroundings at VSH for part of the day. The canteen is recognized as important to VSH and people would prefer to see it left open. There also was recognition of the pressures on Michael to achieve savings through personnel reductions. Suggestions included using the space for another activity that is patient-related such as AA meetings, allowing patients to get off the unit.

PUBLIC COMMENT

Anne Donahue stated that the budget picture was known in July. Given the consumer-directed nature of the system, she questioned the lack of input on personnel reductions. As the FY 11 budget is expected to be worse, Anne expressed support for a process in response to budget issues involving discussion about priorities beforehand rather than commentary after.

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Michael excused himself from the meeting, apologizing that his commitment to attend the *Minds on the Edge* Town Hall meeting in Bennington. He regretted not being able to hear Chief Shirling's presentation and discussion following.

Criminal Justice and Mental Health

Burlington Police Chief Mike Shirling shared his observations and concerns regarding the increasing frequency and severity of mental health / crisis responses by law enforcement and other emergency services in recent months. Chief Shirling summarized the points he made in a lengthier PowerPoint presentation, which was distributed to the Transformation Council following the meeting.

Chief Shirling has initiated conversation with various groups to open wider discussion of the services needed to keep individuals with mental health and co-occurring disorders out of the criminal justice system. He is feeling urgency based on actual cases in recent months that document an increase in the number of dangerous incidents resulting in law

enforcement or code authority crisis interventions that, in his view, would have been much better accomplished by mental health services.

He described three levels of investment in public services. At the bottom and most effective is EDUCATION AND PREVENTION. Next up the line is OUTREACH AND INTERVENTION by social services and mental health. Then there is PRE-CRIME and, finally, COURTS AND CORRECTIONS. As you go up the levels toward the criminal justice system, public resources are more costly and less effective, stated Chief Shirling.

He sees the criminal justice system being used inappropriately as a surrogate for the mental health system. Chief Shirling generally described incidents in which individuals who seemed to be suffering with mental illnesses came to the attention of law enforcement and of the difficulty in engaging a response from mental health services. He proposed a pilot program to create a new mental health position in the Police Department to provide more appropriate response to these situations.

Chief Shirling stressed that diminishing resources for law enforcement, fire protection, code enforcement, and emergency response capacity makes the need to divert people away from the higher levels (courts/corrections) to lower levels (education/prevention, outreach/intervention) for more effective impact a matter of urgency. He believes that enhanced resources will be needed to support more robust measures than a street worker to ensure appropriate responses to people whose behaviors are attributable to their mental illness. Otherwise, repeat conduct will spiral and a police response will be unavoidable.

Members of the Transformation Council thanked Chief Shirling and encouraged him to continue raising this perspective. Erosion of support for community resources was identified as a concern. Chief Shirling's department had 193,000 calls last year and made 40,000 police responses.

PUBLIC COMMENT

Anne Donahue concurred with Chief Shirling's assessment that erosion of services will increase the risk of having a major tragedy. She urged him to make his voice heard. The state budget cuts will likely create cost shifts to local police and other first responders.

Chief Shirling does not advocate a return to a large institutional bed capacity in a secure facility yet is seeing a need for preventative detention in certain cases, calling it a middle ground that will help people who do not know that they need help. He anticipates that an infusion of funds that target the most effective levels of outreach will mitigate the growth in Corrections expenditures over time.

Discussion brought out additional questions and comments:

- Asked whether the Burlington Police Department is using peers, Chief Shirling replied not yet.

- Decker Towers, a large apartment building adjacent to Burlington's downtown, provides housing for many people with mental illness. Those who are homeless can deteriorate rapidly.
- Placing people in a hospital who have predatory behaviors alters the environment for other patients, making it difficult to accomplish what you would expect for a healthcare institution.
- Having a diagnosis of mental illness does not necessarily mean that a person is a danger to society. People with mental illness may have had multiple diagnoses, depending on how the services are being paid for.
- Proposed legislation for civil commitment raised questions about civil liberties.
- Are there models out there? Chief Shirling is part of the International Association of Police Chiefs and is making inquiries in the limited time he has to research this along with all his other responsibilities.
- Impulse control problems are found in people with mental illness and people without mental illness.

Chief Shirling summarized key points of concern as outlined in his PowerPoint¹ that was distributed after the meeting.

1. Changes and improvements need to be made now as the system is in crisis and public safety is at risk today, requiring greater secure capacity than we now have.
2. The frequency and severity of mental health/crisis responses by law enforcement and other emergency services has increased, including armed standoffs that pose risk to these individuals and to the public. Cyclical crisis interventions occur in the absence of a long-term strategy.
3. Response to incidents by law enforcement must take into account the totality of the circumstance beyond how a person presents in the moment. Folks who cannot manage their lives effectively day to day need structured, helpful living environments. Additional capacity to meet this need must be created.
4. Next steps include partnering of law enforcement and service agencies to assess the problems and issues at each level; make changes to provide adequate care and supervision for people with mental illness in our communities; and stop using the criminal justice system in lieu of a robust mental health system.

Other Updates

Steve Morgan reported that Another Way has been notified of a grant award to do a feasibility study of their house, a necessary first step toward the eventual goal of renovating the property. Also, a weekly pancake breakfast is being served thanks to a grant from the state Office of Economic Opportunity.

¹ For Chief Shirling's complete presentation, refer to the PowerPoint (Mental Health – Systemic Concerns Meeting, September 17, 2009)

Ed Paquin provided his new email address, following the change in name of his organization from Vermont Protection and Advocacy to *Disability Rights Vermont*.
ed@disabilityrightsvt.org

The meeting adjourned at 4:12 p.m.

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